

# 11. Appendixes

## Appendix 1. Description of selected congenital conditions

The following include descriptions of some of the congenital conditions included in this report:

<i>Anencephaly</i>	Absence of the cranial vault, with the brain tissue completely missing or markedly reduced.
<i>Spina bifida</i>	Incomplete closure of the bony encasement of the spinal cord, through which the spinal cord may protrude.
<i>Encephalocele</i>	Protrusion of brain through a congenital opening in the skull.
<i>Hydrocephalus</i>	Dilatation of the cerebral ventricles accompanied by an accumulation of cerebral fluid within the skull.
<i>Buphthalmos</i>	Enlargement and distension of the fibrous coats of the eye.
<i>Hypospadias</i>	The opening of the urethra lies on the underside of the penis or on the perineum.
<i>Epispadias</i>	Absence of the upper wall of the urethra. The opening of the urethra lies on the dorsum of the penis in males, and anterior to or onto the clitoris in females.
<i>Chordee</i>	Downward bowing of the penis.
<i>Talipes equinovarus</i>	A deformity of the foot in which the heel is elevated and turned outward.
<i>Polydactyly</i>	Presence of additional fingers or toes on hands or feet.
<i>Syndactyly</i>	Attachment of adjacent fingers or toes on hands or feet.
<i>Craniosynostosis</i>	Premature closure of the sutures of the skull.
<i>Exomphalos</i>	Herniation of the abdominal contents into the umbilical cord.
<i>Gastroschisis</i>	A defect in the abdominal wall not involving the umbilicus and through which the abdominal contents herniate.
<i>Cystic hygroma</i>	A sac, cyst or bursa distended with fluid.

## Appendix 2. Congenital conditions exclusion list

The following is a general list of minor conditions and non-structural disorders that are excluded from the NSW Register of Congenital Conditions:

Abnormal palmar creases	Inborn errors of metabolism other than phenylketonuria and congenital hypothyroidism
Accessory nipples	Intrauterine growth retardation
Balanced chromosomal translocation (unless occurring with structural anomalies)	Low birth weight
Birthmarks (single, <4 cm diameter)	Meconium ileus
Bronchopulmonary dysplasia	Minor ear anomalies
Cerebral palsy	Minor finger/hand anomalies
Clicky hips	Minor toe/foot anomalies
Congenital infections (unless occurring with structural anomalies)	Muscular dystrophies and myopathies
Congenital neoplasms/tumours (exception: cystic hygroma)	Oesophageal reflux
Developmental disability	Patent ductus arteriosus (<37 weeks gestation)
Deviated nasal septum	Pilonidal sinus
Fetal alcohol syndrome	Sacral dimples
Glucose-6-phosphate dehydrogenase (G6PD) deficiency	Single umbilical artery (unless occurring with structural anomalies)
Haemophilia	Skin tag
Heart murmurs (functional)	Strabismus
Hernia (epigastric, hiatus, inguinal, umbilical)	Talipes (exception: those requiring surgery)
Hydrocele (testis)	Tongue tie
Hypoplastic lung (<37 weeks gestation)	Undescended testes (exception: those requiring surgery)
Imperforate hymen	Webbing of 2nd and 3rd toes
	Wide sutures

## Appendix 3. Maternal countries of birth and country of birth groups

<b>English speaking</b>	<b>Eastern Europe, Russia, Central Asian and Baltic States</b>	West Bank	Indonesia
Australia	Bulgaria	Yemen	Laos
Christmas Island	Czechoslovakia	Algeria	Malaysia
Cocos (Keeling) Islands	Hungary	Egypt	Burma (Myanmar)
Norfolk Island	Poland	Libya	Philippines
New Zealand	Romania	Mauritania	Singapore
United Kingdom	Armenia	Morocco	Thailand
Channel Islands	Azerbaijan	Sudan	Vietnam
Isle of Man	Belarus (formerly Byelorussia)	Tunisia	
Ireland	Estonia	Cameroon	<b>Southern Asia</b>
Bermuda	Georgia	Central African Republic	Afghanistan
Canada	Kazakhstan	Congo	Bangladesh
United States of America	Latvia	Cote d'Ivoire	Bhutan
South Africa	Lithuania	Gambia	India
	Moldova (formerly Moldavia)	Ghana	Maldives
<b>Central and South America</b>	Russian Federation	Guinea-Bissau	Nepal
Bahrain	Ukraine	Liberia	Pakistan
Argentina	Uzbekistan	Mali	Sri Lanka
Bolivia	Kazakhstan	Nigeria	
Brazil	Kyrgystan	Senegal	<b>Southern Europe</b>
Chile		Sierra Leone	Albania
Colombia	<b>Melanesia, Micronesia and Polynesia</b>	Zaire	Andorra
Ecuador	New Caledonia	Angola	Cyprus
Falkland Islands	Papua New Guinea	Botswana	Gibraltar
French Guiana	Solomon Islands	Djibouti	Greece
Guyana	Vanuatu	Ethiopia	Italy
Paraguay	Guam	Kenya	Malta
Peru	Kiribati	Malawi	Portugal
Surinam	Nauru	Mauritius	Spain
Uruguay	Cook Islands	Mozambique	Bosnia-Herzegovina
Venezuela	Fiji	Namibia	Croatia
Belize	French Polynesia (including Tahiti)	Reunion	Macedonia
Costa Rica	Niue	Rwanda	Slovenia
El Salvador	American Samoa	Seychelles	Serbia and Montenegro
Guatamala	Western Samoa	Somalia	Former Yugoslavia (not otherwise defined)
Honduras	Tokelau	Swaziland	
Mexico	Tonga	Tanzania	<b>Western and Northern Europe</b>
Nicaragua	Tuvalu	Uganda	Austria
Panama	Wallis and Fortuna	Zambia	Belgium
Antigua and Barbuda		Zimbabwe	France
Bahamas	<b>Middle East and Africa</b>	Eritrea	Germany (United)
Barbados	Bahrain	Ethiopia	Luxembourg
Cayman Islands	Gaza Strip		Netherlands
Cuba	Iran	<b>North-East Asia</b>	Switzerland
Grenada	Iraq	China (excluding Taiwan)	Denmark
Guadeloupe	Israel	Hong Kong	Faeroe Islands
Jamaica	Jordan	Japan	Finland
Netherlands Antilles	Kuwait	North Korea	Iceland
Puerto Rico	Lebanon	South Korea	Norway
St Kitts-Nevis	Qatar	Macau	Sweden
St Lucia	Saudi Arabia	Mongolia	
St Vincent and the Grenadines	Syria	Taiwan	
Trinidad and Tobago	Turkey	<b>South-East Asia</b>	
Turks and Caicos Islands	United Arab Emirates	Brunei	
		Cambodia	

Appendix 4. Midwives data collection form

## NSW MIDWIVES DATA COLLECTION

Mother Unit Record No.

Hospital \_\_\_\_\_ Code

First Name \_\_\_\_\_ Family Name \_\_\_\_\_

Address \_\_\_\_\_ Postcode

Mother's birth date

Country of birth  Australia  Other

If other, specify

Indigenous status  Aboriginal  Torres Strait Islander  Aboriginal and Torres Strait Islander  None of the above

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### PREVIOUS PREGNANCIES

Previous pregnancy greater than 20 weeks? Yes  No

If yes  
No. previous pregnancies > 20 weeks

Was the last birth by caesarean section? Yes  No

Total number of previous caesarean sections?

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### THIS PREGNANCY

Date of EDC

Was antenatal care received? Yes  No

If yes, duration of pregnancy at first contact for care (weeks)

Medical conditions  Diabetes mellitus  Gestational diabetes  Chronic hypertension  Pregnancy-induced hypertension:  - proteinuric  - non-proteinuric

Did the mother smoke at all during pregnancy? Yes  No

If yes, how many cigarettes each day on average in the second half of pregnancy?  
None  > 10 per day  ≤ 10 per day  Unknown

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### LABOUR AND DELIVERY

Onset of labour  Spontaneous  Induced  No labour

If labour augmented/induced (tick 1 or more):  
 Oxytocins  ARM   Prostaglandins  Other

If labour induced, main indication:  
 Diabetes  Hypertensive disease  Fetal distress  Fetal death  Chorioamnionitis  Blood group isoimmunisation  Prelabour rupture of membranes  Prolonged pregnancy (41+ weeks)  Suspected intrauterine growth restriction  Other

Presentation at birth  Vertex  Brow  Breech  Shoulder/transverse  Face  Other

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### LABOUR AND DELIVERY (cont.)

Analgesia for labour (tick one or more)  
 None  Epidural/caudal  Nitrous oxide  Combined  Systemic opioids  spinal-epidural  Spinal  Other

Type of birth  Normal vaginal  Vacuum extr.  Forceps  Vaginal breech  Caesarean section

If caesarean section, main induction:  
Failure to progress  - Cx 3cm dilated or less  - Cx dilated more than 3cm  Fetal distress  Elective repeat caesarean section  Other clinical indication  Non-clinical indication

Analgesia for delivery (tick one or more)  
 None  Epidural/caudal  Local to perineum  Combined  Pudendal  spinal+epidural  Spinal  General anaesthetic  Other

Perineal status  Intact  3rd deg. tear  1st deg. tear/graze  4th deg. tear  2nd deg. tear  Other

Episiotomy Yes  No

Surgical repair of the vagina or perineum? Yes  No

Management of the 3rd stage  Active  Physiological

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### BABY

Unit Record No.

Birth date

Sex  M  F  Indet.

Plurality  Single  Multiple

If multiple, total number

If multiple birth, specify baby number

Birthweight (grams)

Estimated gestational age

Apgar   1 min 5 min

Resuscitation of baby (tick 1 or more)  
 None/minimal  IPPR: bag + mask  Suction  Intubation + IPPR  O<sub>2</sub> therapy  External cardiac massage + ventilation

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### MATERNITY CARE

Model of care Antenatal care Birth (for shared care tick more than one box)  
 Private obstetrician  Hospital-based medical  General practitioner  Hospital-based midwife/midwives  Independent midwife  Not applicable

Mother referred from another hospital? Yes  No

If yes, specify hospital \_\_\_\_\_

Referral prior to onset of labour  Referral after onset of labour

Baby place of birth  Hospital theatre/delivery suite  Birth centre  Planned birth centre/delivery suite birth  Planned homebirth  Planned homebirth/hospital admission  Born before arrival

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### POSTNATAL

Mother Postpartum haemorrhage requiring blood transfusion Yes  No

Baby Birth defect? Yes  No

If yes, specify \_\_\_\_\_

Admitted to SCN/NICU Yes  No

If admitted to NICU: Was a birth defect the main reason for admission? Yes  No

Vitamin K  Oral  IM  None

Hepatitis B birth dose Yes  No

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### DISCHARGE

Mother  Discharged  Transferred  Died

Baby  Discharged  Transferred  Stillbirth  Died

Mother's date of discharge

Hospital mother transferred to \_\_\_\_\_

Infant feeding on hospital discharge  Breast-feeding  Expressed breast milk  Infant formula

Baby's date of discharge

Hospital baby transferred to \_\_\_\_\_

Baby transferred by NETS Yes  No

Signature of midwife at discharge \_\_\_\_\_

Public Health Act, 1991

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